November, 1949 337

# **Interdependent Superiority and Inferiority Feelings**

HARRINGTON V. INGHAM, M.D., Los Angeles

#### SUMMARY

It is postulated that in neurotic persons who have unrealistic feelings of superiority and inferiority the two are interdependent. This is a departure from the concept of previous observers that either one or the other is primary and its opposite is overcompensation. The author postulates considerable parallelism, with equal importance for each. He submits that the neurotic person forms two logic-resistant compartments for the two opposed self-estimates and that treatment which makes inroads of logic upon one compartment, simultaneously does so upon the other. Two examples are briefly reported.

The neurotic benefits sought in exaggeration of capability are the same as those sought in insistence upon inferiority: Presumption of superiority at once bids for approbation and delivers the subject from the need to prove himself worthy of it in dreaded competition; exaggeration of incapability baits sympathy and makes competition unneces-

sary because failure is conceded.

Some of the characteristics of abnormal self-estimates that distinguish them from normal are: Preoccupation with self, resistance to logical explanation of personality problems, inconsistency in reasons for beliefs in adequacy on the one hand and inadequacy on the other, unreality, rationalization of faults, and difficulty and vacillation in the selection of adequate goals.

INTROSPECTION, or self-examination, is a unique power of human beings. It permits a person to form a concept of himself, and so helps him to determine his actions.

Self-evaluation is originally formulated from the attitudes of those who are important to the person early in his life. It leads to self-understanding, and at the same time makes self-misunderstanding possible.

One way in which introspection can be faulty is in an unrealistically high, or low, impression of ability. Those who assume superiority far beyond justification are known to us all, and others who present only their inadequacies are as common. Usually one extreme or the other is consistently pre-

From the Student Health Service, University of California at Los Angeles.

dominant, but sometimes there is vacillation. The faulty estimates occur in various spheres, and may involve mental abilities, attractiveness to others, sexual adequacy, accomplishments, moral fiber, physical prowess, or other aspects of the individual. They often appear in more than one sphere, and may involve many spheres with different intensities. They have much in common with attitudes of self-righteousness and guilt, a difference being that the last named involve moral judgments rather than estimates of ability.

Unreasonably favorable and unfavorable impressions both occur in all neurotic people. Their universality has far less meaning, because every major part of personality is handled poorly by all neurotics. The problem is of varying importance in different patients. The present purpose is to discuss a subject which is worthy of consideration, rather than to claim greater importance for it than has been conceded.

This presentation is concerned with distorted concepts of self, as distinguished from reasonable concepts. Enumeration of several characteristics may be of help in discriminating: (1) The neurotically determined ideas cause the symptom of preoccupation, and the sufferers are too much concerned with themselves. (2) They are characterized by greater protection against evidence. This is the resistance to insight found in emotional difficulties. (3) The ideas are likely to be inconsistent within themselves, and disagree with reality, as they are formed in the presence of a severe bias. (4) They prevent reasonable effort, and are an excuse, as they serve to rationalize inability to compete. (5) They prevent the formation of adequate goals because the normal understanding of self is lacking. And (6) the strongest impressions of superiority and inferiority are in the same area. So a normal man might think he did well in dealing with people, consider himself poor at abstractions, feel that he knew his own abilities fairly well, and want to become an automobile salesman, when actually he had the ability to do so. Another, less fortunate, could think he was outstanding in mathematics, yet be afraid of failing that subject in school. He would, perhaps, vacillate between trying for a graduate college degree, and being content with a high school education. He would avoid taking an aptitude test, though he worried constantly about his future success.

Adler<sup>1</sup> stressed inferiority feelings. He believed that the Inferiority Complex is of primary importance, that it springs from actual deficiencies existing in the fourth or fifth year of life, and that the Superiority Complex develops thereafter as the usual overcompensation. Freud<sup>3</sup> attributed feelings of in-

Presented before the Section on Neuropsychiatry at the 78th Annual Session of the California Medical Association, May 8-11, 1949, Los Angeles.

adequacy to tension between ego and superego when one is not loved; and another time to aggression turned inward. Henry Stack Sullivan<sup>6</sup> believed that a child comes to feel inadequate in a home where his parents treat him as if he is insignificant. In other words, he accepts their attitude. Fenichel<sup>2</sup> referred to it as arising from the loss of energy spent in neurotic repression. Symonds7 elaborated several distinct reasons for feeling incompetent, and also considered that its opposite is overcompensation. Maslow and Mittelman<sup>5</sup> described advantages of pseudo deficiency as excuses for various things, including laziness, dependence, and failure to cooperate. These writers would put the baser self-impression first. Horney<sup>4</sup> reverses this, and speaks of the original distortion as the formation of a superior self-impression which she calls the Idealized Image. The neurotic's real inadequacies make the pretense necessary. She elaborates the idea considerably, because she thinks superior and inferior self-evaluations to be ever-present in neurosis, as a means of dealing with anxiety.

## COINCIDENCE OF OPPOSED SELF-ESTIMATES

It seems to the author that faulty feelings of adequacy and inadequacy occur together. Neither is first, psychodynamically speaking, or more basic. They are alike in the way that opposites are often alike and represent the two sides of the same coin. Each depends on the other for existence. The words superiority and inferiority are comparative, and can only exist in relation to something else. It is characteristic of the neurotic that he uses his own feelings for evaluations, whereas the rest of us think of ourselves in relation to those around us, for the most part. The neurotic is less realistic, and his grandiosity is not sufficiently based on a valid comparison to others. If he feels superior, it is in relation to a less favorable self-appraisal of his own. If two men finish a golf course in 90 strokes, the one who rarely beats 100 is the person who feels elated. He has done well in comparison to himself. However, if he were emotionally unstable he would need the prestige of pretending he always did as well. Or, on the other hand, he would insist that his score was good luck, for fear that he might be expected to do the same again. Unreasonable ideas of greatness prove the presence of feelings of ignominy just as exaggerated. The reverse is also true. Neither extreme opinion is simple overcompensation. Both serve that function, to some extent, but need some other reason for existence.

An example is given for clarification.

Miss A. is an attractive young woman of 20 who has difficulty in her relationship to the opposite sex. Much of her story is left out, but it should be mentioned that her parents have maintained the pretense of an affectionate home, when little real love existed. She has been forced to act fond of them while she has felt rejected. When treatment started, she complained of feeling that she was repulsive to men, and had actually been unable to please them. She has made herself unattractive in various ways, as in

clothes, voice, choice of words, mannerisms, and overeagerness. At the same time, she denied that she did these things. When acceptable men were friendly to her, she showed pronounced anxiety. During treatment, she moved away from her parents. Later it appeared that she also felt herself so fascinating that she stayed away from men so as not to hurt them. She had to be careful to avoid being a siren. Also, she was fearful of flirting, because it might fail, and prove her devastating powers non-existent. She could still hope that her inferiority was unreal if it were not put to the test. She could no more tolerate success than failure. Any explanation was acceptable but moderation. All arguments rationalized her failure, although they did not agree among themselves.

Improvement involved discussion of both extremes. After her idea of seductiveness was worked through a little further, she repeatedly spoke of her unattractiveness more easily, and the reverse. So the same resistance was attached to both extreme opinions, and could be reduced by working on either. The dynamics mentioned have been confirmed by her production of part, and acceptance of the rest, of her emotional reaction, by self-consistency, by the change in her behavior after interpretation, and by improvement. Of course, an example never proves such a concept, and it is presented as an illustration.

Undue impressions of competence or incompetence can be found in the presence of any degree of potential ability. An unstable genius can be extremely sensitive about his achievement, and claim more prominence than he deserves. Some people with physical deformities overdo the handicap in their own minds. And an artist of average talent might starve in a garret rather than admit that he is average. Yet, other people with any amount of natural endowment find good adjustment, and have only moderate concern about their own status, or acceptability. There are morons who do not greatly aspire to be college professors, as well as professors who are fairly well content. We must look elsewhere for the explanation of why some, but not all, are plagued with the trouble under consideration.

The dilemma of ability and disability is present in those who cannot meet their world face to face, because they have not found sufficient gratification. That would include everyone with mental illness. And as a child's opinion of himself is derived from his father's and mother's attitude toward him, both emotional adjustment and self-esteem depend considerably on the amount of affection shown by the parents, so the correlation between them is high. Another element is that a double impression of one's self is an inconsistency, and is likely to be important in a man who has had much contradictory information about himself. If a child is constantly criticized by one parent, and lauded by the other, how can he know his true worth? Another, with foreign parents, who finds standards in his home very different than elsewhere, might become confused. Failure causes the two impressions to drift farther apart, whereas success brings them closer together; and a blunder by a social misfit will convince him even more that his acquaintances are not worth his efforts.

Another consideration is the stress placed on excellence as a prerequisite to acceptance. A family of athletes who emphasize sports will make a studious child acutely uncomfortable. Our highly competitive society has been blamed for causing trouble in this way. There are certainly other reasons for divergent self-impressions which have not been mentioned.

### SPURIOUS BENEFITS OF NEUROTIC BELIEFS

For the unhappy state of affairs to be maintained over a long time and constitute part of a chronic illness, there must be some reason why the neurotic maintains his burden after it has been forced on him. There is a spurious kind of benefit derived from believing one's self above others. It avoids the necessity of competition. Loftiness makes spadework inappropriate. The presumption of competence sidesteps the requirement of working to attain it. It is a bid for affection, and for the assistance of others because of one's worthiness. Surely you would help an exceptional person to benefit society, and be pleased with the association of one so fine. But the misery of self-resignation demands the same benefits for opposite reasons. Trying is useless for him who cannot succeed. He can demand aid and affection as he is unable to care for himself. The appeal of helplessness is strong. Both attitudes evade real effort and try to settle the problems of status and affection. They are unlike in that the more august role attains prominence, whereas the other foregoes it. The superior stand calls for admiration, its counterpart for commiseration. One conquers competitive hostility, the other assuages it. The first avoids criticism by refusing to accept it, the second nullifies it by blaming first.

Resistances also tend to prevent improvement. In the presence of his neurosis, a man cannot face reality. He is unable to work for his status in competition with others, or to give sound affection in order to get it. To avoid devastation, he must get by with the imperfect returns his illness grants him. He cannot give up the mechanism until well, or be well until he gives up the mechanism. Signs that the braggart is not wholely truthful hint at the depth of degradation as his only alternative. He has no reasonable middle opinion of himself. As he exaggerates even more to attain greater security, both impressions travel farther from reality, and the depths he fears seem deeper. Because, as the better opinion becomes relatively higher, the worse one is comparatively lower. The obsequious opposite of this person shrinks from suggestions of nobility because he fears the lofty heights of his other opinion, with its vulnerability to criticism and competitive hostility. So he will contradict an encouraging word as though it threatened his existence, instead of only his neurosis.

The neurotic finds himself in the position of a man in a room with only one light, and that one far too strong. He can turn the light on, and suffer in the glare of brilliance, or switch it off and leave himself in gloom and darkness. There is no middle position for the light switch, or for the neurotic. His pretended magnificence in the end demands excellence of performance. It often alienates those he tries to win. Affection he does receive seems to him dependent on a perilous stand that requires constant effort to maintain. He has an uncertain escape from insecurity. So he represses any indications of weakness, with the usual results of repression. Or he can switch to the role of inadequacy. He has then escaped the distress of false claims but is in no better condition. The life of an incapable person is miserable. It requires that he give up the use of the abilities he possesses, and have no hope of success. He must repress the knowledge of his own capacities. Weaklings are more tolerated than loved. Realistic, gratifying affection is difficult, if not impossible. Even a Good Samaritan grows weary of a man in chronic, self-imposed distress. So the resigned individual must put up with a bad bargain or turn back to superiority. Most neurotics accept one extreme impression in their conscious minds, and try to soothe themselves with occasional or partly hidden feelings of the opposite nature. It is a painful sort of relief, but at least a change.

After the situation is established, the individual seeks confirmation for whichever face he presents to himself and the world. All helpful data are kept available, and contradictory signs are hidden. He has built up two separate sources of information to call upon. Thereafter a compliment or achievement is placed with its kind, and so is a slur or failure. He has two logic-tight compartments. He may or may not be able to reverse the repression and consider either set of facts he wishes, but he cannot examine both at once. The two balance on the midpoint of reality, and are made up of partial truths, rather than whole fiction. They are nearly the same distance from the fulcrum of reality.

Another example will be given.

B. is a college student with ability proven to be above average. He has had other difficulties not described here. But the subject of interest is his feeling of inferiority while doing well in his job, making excellent grades, and carrying on an active social life. He could not give up any of his extensive activities, or even fail to excel in all, without serious feelings of inadequacy. He dated only with girls who were not up to his intellectual or social level, because he dared not take any chance of failure in obtaining affection. He became quite ineffectual during an intelligence test, and spoiled its validity, because he subconsciously feared getting a true estimate of himself. He vacillated between the goal of a Ph.D. and quitting school immediately, and was taking a course he did not want, in order to avoid decision. He gave ingenious arguments for the possession of eminent ability, and at other times was as clever in showing his mediocrity. After some improvement, he was able to make a real effort on a term paper which he read before a class. The teacher complimented him highly, and the anxiety resulting from success was the topic of the next interview. It threatened his concept of inadequacy. Both wrong impressions of himself moderated simultaneously, and interpretation of either one decreased resistance to the interpretation of the other.

The same attempts at validation have been used as in the first case. It is the author's opinion that the patients have shown all the dynamics described in this presentation that could occur in one person.

Psychotics provide many striking illustrations. A manic depressive patient certainly seems capable of the extremes we have mentioned. A schizophrenic in a hospital can claim he is incapable of ward routine, while he insists he is a genius.

#### REFERENCES

- 1. Adler, Alfred: The Science of Living, Greenberg, New York, 1929.
- 2. Fenichel, Otto: The Psychoanalytic Theory of Neurosis, W. W. Norton and Company, Inc., New York, 1945.
- 3. Freud, Sigmund: New Introductory Lectures on Psychoanalysis, Hogarth Press and the Institute of Psychoanalysis, London, 1933.
- 4. Horney, Karen: Our Inner Conflicts, W. W. Norton and Company, New York, 1945.
- 5. Maslow, Abraham H., and Mittelmann, Bela: Principles of Abnormal Psychology, Harper and Brothers, New York, 1941.
- 6. Sullivan, Harry S.: Conceptions of Modern Psychiatry, the William Alanson White Psychiatric Foundation, Washington, D. C., 1947.
- 7. Symonds, Percival M.: The Dynamics of Human Adjustment, Appleton-Century, New York, 1946.

